



Texas Department of Agriculture
State Certified Seed Grower Application

RSC-1202

TODD STAPLES, COMMISSIONER

SECTION A	¹ BUSINESS TYPE		TDA USE ONLY
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	Remittance No.
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> General Partnership	
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Cooperative	Batch No.
	<input type="checkbox"/> Other (specify) _____		
	² APPLICANT INFORMATION		
	Full legal business name (owner's name if sole proprietor – no aliases)		
	D.B.A. (if applicable)		
	Comptroller Taxpayer ID No. (in-state businesses only)		Is this a temporary ID? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Federal Taxpayer ID No. (out-of-state businesses only)		
Social Security No. (sole proprietors only) - -			

SECTION B	¹ RESPONSIBLE PERSON INSTRUCTIONS			
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:			
	<ul style="list-style-type: none"> • For a corporation, limited liability company, or cooperative, the president or CEO, • For a limited or general partnership, the managing partner or general manager, • For a sole proprietorship, the owner, • For any other type of business, the general manager. 			
	² RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> _____			
	Phone No. () - Ext.		E-mail	
	³ RESPONSIBLE PERSON MAILING ADDRESS			
	Address			
	City	State	Zip	County

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Legal Business Name _____

SECTION C	¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	First Name	M. I.	Last Name
	Title		Primary Phone () - Ext.	
	Secondary Phone (optional) () - Ext.		Fax (optional) () - Ext.	
	E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	² MAILING ADDRESS			
Address				
City		State	Zip	County

SECTION D	¹ FACILITY INFORMATION			
	Facility Name			
	² PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT			
	Address (No P.O. Box)			
	City	State	Zip	County
Directions to Physical Location if address above is difficult to find				

SECTION E	¹ VARIETY INFORMATION	
	Are you currently operating a seed business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes is it the same as the above listed facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no please provide the name of the company if different from your individual name.	
	² FACILITY INFORMATION	
Facility Name		

Legal Business Name _____

SECTION F	¹ SEED GROWER LICENSE FEE
	<p>All applicants for a seed grower license shall pay a fee of \$150 at the time of application.</p>

SECTION G	¹ SIGNATURE	
	<p>I certify that the information entered into this application is true and correct to the best of my knowledge and is subject to verification by TDA. I understand that any misrepresentation or false statement made by me in connection with this application, whether intentional or not, may constitute grounds for revocation of my license, denial of renewal of my license, and/or other penalties. I additionally certify that I will maintain proof of financial responsibility and any other required documentation necessary to obtain or retain the license for which I am applying and, if applying as an individual, that I am not delinquent in payment of child support or a guaranteed student loan. I understand that this application for a license may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of child support or a guaranteed student loan.</p>	
	Applicant Name (print)	Title
	Applicant Signature	Date / / month day year